Doc Code: WFEE
Document Description: Fee Worksheet (PTO-875)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number ZP193-05002		
	APPL	ICATION A		D – PART I	SMALL ENTITY		OR	OTHER SMALL		
	FOR	NUMBE	R FILED	NUMBI	ER EXTRA	RATE (\$)	FEE (\$)	1	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1,16(a), (b), or (c))		N	N/A		N/A	N/A	1	1	N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))		N/A			N/A			1	N/A	
EXAMINATION FEE (37 CFR 1.18(o), (p), or (q))		N/A			N/A	N/A		1	N/A	
TOTAL CLAIMS (37 CFR 1.16(i))		110 minus 20 =			90	х =		OR	х =	
NDEPENDENT CLAIMS 37 CFR 1 16(h))		5	minus 3		2	х =		1 🐃	х =	
EE	PLICATION SIZE E CFR 1.16(s))	sheets of is \$260 (\$ additional	paper, th 130 for s 50 shee	and drawings of e application si mall entity) for ts or fraction th (G) and 37 CFI	ize fee due each ereof. See					
ΛUI	LTIPLE DEPENDENT	CLAIM PRESE	ENT (37 C	FR 1.16(j))		N/A			N/A	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		j	TOTAL	
ΑTΑ	RE AM	olumn 1) CLAIMS EMAINING AFTER ENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL RATE (\$)	ADDI- TIONAL FEE (S)	OR	OTHER SMALL RATE (\$)	
₹	Total * (37 CFR 1.16(i))	110	Minus	·· 110	* 0	× =	1	OR	× =	
									^ -	
2	Independent (37 CFR 1.16(h))	5	Minus	5	* 0	х =		OR	x =	
AMEND	Independent *	-		*** 5	0			1		
AMEND	Independent * (37 CFR 1.16(h))	(37 CFR 1.16	5(s))	5	0	x =		1	x =	
AMEND	Independent (37 CFR 1.18(h)) * Application Size Fee	(37 CFR 1.16	5(s))	5	0	х =		OR	х =	
AMEND	Independent (37 CFR 1.18(h))  Application Size Fee FIRST PRESENTATION	(37 CFR 1.16	5(s))	5	0	x =		OR OR	X =	
_ 	Independent (37 CPR 1.18hi))  Application Size Fee FIRST PRESENTATION  (Cd	(37 CFR 1.16	5(s))	5 NT CLAIM (37 CF	O R 1.18(j))	x =	ADDI- TIONAL FEE (S)	OR OR	X =	ADDI- TIONAL FEE (\$)
MENT B AMENDMENT	Independent (37 CPR 1 16(h))  Application Size Fee FIRST PRESENTATION  (CC	(37 CFR 1.16 OF MULTIPLE  olumn 1) CLAIMS EMAINING AFTER	5(s))	5  NT CLAIM (37 CF  (Column 2)  HIGHEST NUMBER PREVIOUSLY PAID FOR  ** 110	(Column 3)	X = N/A TOTAL ADD'L FEE	TIONAL	OR OR	X = N/A TOTAL ADD'L FEE	TIONAL
	Independent (37 CPR 1 (8h)) Application Size Fee FIRST PRESENTATION  (CC	(37 CFR 1.16 OF MULTIPLE Olumn 1) CLAIMS IMAINING AFTER ENDMENT	β(s)) E DEPENDE	5  NT CLAIM (37 CF  (Column 2)  HIGHEST  NUMBER  PREVIOUSLY  PAID FOR	(Column 3) PRESENT EXTRA	N/A TOTAL ADD1 FEE	TIONAL	OR OR OR	X = N/A  TOTAL ADDL FEE  RATE (\$)	TIONAL
	Independent (27 CFR 1 160) Application Size Fee FIRST PRESENTATION (CC. RE. Total (37 CFR 1 160))	(37 CFR 1.16 N OF MULTIPLE OLUMN 1) CLAIMS IMAINING AFTER ENDMENT 114 9	S(s))  DEPENDE  Minus  Minus	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3)  PRESENT EXTRA	X =  N/A  TOTAL ADD'L FEE  RATE (S)	TIONAL	OR OR OR	x =  N/A  TOTAL ADDL FEE  RATE (S)	TIONAL
_	Independent	olumn 1) CLAIMS MAINING AFTER ENDMENT 114 9 (37 CFR 1.16	Minus Minus S(s))	S  NT CLAIM (37 CF  (Collumn 2)  HIGHEST NUMBER PREVIOUSLY PAID FOR  *** 110	(Column 3)  PRESENT EXTRA  4  4	X =  N/A  TOTAL ADD'L FEE  RATE (S)	TIONAL	OR OR OR	x =  N/A  TOTAL ADDL FEE  RATE (S)	TIONAL

"" If the "Highest Number Previously" Paid For "IN THIS SPACE is less than 3, enter "3.

The "Highest Number Previously Paid For "(1ot al rubgendent) is in highest number found in the appropriate box in column 1.

This collection of information is required by 3 TC FR. 1.16. The information is required to bother or retain a benefit by the public which is to file (and by the USFFO to process) an application. Confidentiality is governed by \$5 U.S. C. 1.24 and \$7 CFR. 1.14. This collection is estimated to take it 2 minutes to complete, including authering, preparing, and submitting the completed application form to the USFFO. Time will vary depending upon the individual case. Any comment on the amount of the jour purequire to complete this form andor suggestions for evidualing this turdent, should be sent to the Ceit fell information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, D.D. NOT SEND FEES OR COMPLETED FORMISTO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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erwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD ZP193-05002 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED FOR NUMBER EXTRA PATE (\$) FEE (\$) PATE (\$) FFF (S) N/A N/A N/A (37 CFR 1.16(a) SEARCH FEE N/A N/A N/A N/A EXAMINATION FEE Ν/Δ N/A N/A N/Δ (37 CFR 1.16(a), (b), or (a)) TOTAL CLAIMS (37 CFR 1.16(ii) minus 20 = ΛP INDEPENDENT CLAIMS (37 CFR 1 16(h)) minus 3 = If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each FFF (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(i)) N/A \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II AMENDMENT SUBMITTED JULY 7, 2008 OTHER THAN OR (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) PRESENT RATE (S) ADDL RATE (S) DEMAINING NUMBER ADDI EXTRA AFTER PREVIOUSLY TIONAL TIONAL MENDMENT AMENDMENT PAID FOR FFF (S) FFF (\$) Total Minus 114 38 0 /37 CER OR Independent (37 CFR 1.16(h) Minus 6 0 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) N/A OR N/A TOTAL 0 ADD'L FEE OB ADD'L FEE CURRENT AMENDMENT SUBMITTED APRIL 10, 2009 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (S) ADDI. RATE (S) ADDI. EXTRA AFTER PREVIOUSLY TIONAL TIONAL AMENDMENT AMENDMENT PAID FOR FFF (S) FFF (\$) Total 47 114 (37.0EB. OR independent (37 CFR 1 16/h 9 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(i)) NI/A OB. M/A TOTAL TOTAL n OR ADD'L FEE ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

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